

**DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**

P. O. Box 942898

Sacramento, CA 94298-0001

(916) 843-3001

(800) 735-2929 (TT/TDD)

(800) 735-2922 (Voice)



File No.: 001.9486.A13709.010

Dale E. Bonner, Secretary  
Business, Transportation and Housing Agency  
980 9<sup>th</sup> Street, Suite 2450  
Sacramento, CA 95814-2719

Dear Secretary Bonner:

In accordance with the Financial Integrity and State Managers Accountability Act of 1983, Government Code Sections 13400 through 13407, I am submitting the enclosed report describing the review of the California Highway Patrol's (CHP) systems of internal control for the biennial period ending December 31, 2009.

The enclosed documents describe the process implemented by the CHP to complete this review as well as areas of weakness noted.

Additionally, as required by the Department of Finance, the CHP evaluated its compliance with Government Code Section 12439 as it pertains to positions which have been vacant for six consecutive monthly pay periods.

Furthermore, in accordance with the Governor's Executive Order S-20-09 to increase government transparency, this report will be posted on the CHP's Internet website, and on the Office of the Governor's webpage, located on the State's Government website.

Should you have any questions please contact me or Assistant Commissioner Max Santiago at (916) 843-3005.

Sincerely,

A handwritten signature in black ink, appearing to read "J. A. Farrow".

J. A. FARROW  
Commissioner

Enclosures

## **EVALUATION OF INTERNAL ACCOUNTING AND ADMINISTRATIVE CONTROL SYSTEM**

**AGENCY NAME:** Business, Transportation and Housing Agency  
**DEPARTMENT NAME:** California Highway Patrol  
**ORGANIZATION CODE:** 2720

### **INTRODUCTION:**

In accordance with the Financial Integrity and State Managers Accountability Act of 1983, the California Highway Patrol (CHP) submits this report regarding the review of its systems of internal control for the biennial period ended December 31, 2009.

### **BACKGROUND:**

To ensure the CHP's operation is efficient and/or effective and internal controls are in place and operational, the Office of the Commissioner directed the Office of Inspections (OISP), Audits Unit, to perform an audit of a command selected by each Division. A total of 16 commands, including one Division and 15 Areas were audited in 2008. These audits will assist the CHP in meeting its goal.

The CHP's 2008-2009 Strategic Plan highlights the organization's mission statement which includes five broad strategic goals designed to guide the CHP's direction. One strategic goal is to continuously look for ways to increase the efficiency and/or effectiveness of departmental operations.

The objective of the audit was to determine if the command has complied with operational policies and procedures that provide managers with reasonable, but not absolute, assurance departmental operations are being properly executed. The audits period generally took place 12 months prior to the start of the audit field work. The audits included the review of existing policies and procedures, as well as, examining and testing recorded transactions, in order to determine compliance with the same as well as with good business practices.

### **VACANT POSITION:**

As requested by the Department of Finance, the CHP evaluated its compliance with Government Code Section 12439 as it pertains to vacant positions.

### **RISK ASSESSMENT:**

The OISP, Audits Unit, completed a risk assessment and determined the following topical areas have the potential for significant risk: cash receipts, contracts, evidence, purchasing, reimbursable service contracts, advanced payments for predetermined services, asset forfeiture,

fleet operations, personnel records, and strategic plan reporting. Each Division commander selected one command to be audited within their command. Each selected command was audited regarding their cash receipts, contracts, evidence, purchasing, reimbursable service contracts, and advanced payments for predetermined services. Furthermore, the Division commander could select any of the additional following topical areas to be audited: Asset forfeiture, fleet operations, personnel records, and strategic plan reporting. When preparing for the audit and due to limited auditing resources, reimbursable service contracts was reduced to an examination of the Driving Under the Influence Cost Recovery Program and advanced payments for predetermined services was reduced to Wide Load Services. Also, the audit of evidence was limited to guns, drugs, and money. Additionally, the Office of the Academy was selected by the OISP for a random audit. The areas of weakness are contained in Enclosure 2.

With the establishment of the Office of the Assistant Commissioner, Inspector General (ACIG) in May 2008, the Commissioner directed the ACIG to create departmental policy for the establishment of a comprehensive command inspection process. The inspection process includes checklists on specific topics; (e.g., evidence, fiscal controls, reimbursable services, overtime and grant management). In 2009, all CHP commands completed at least four self-inspections. Two of the self-inspections were mandated by the Commissioner and consisted of Command Reimbursable Services and Command Overtime and Grant Management. The other two self-inspections consisted of topical areas assigned by the respective Division commanders. Additionally, the Commissioner directed the OISP, Inspections Unit, to inspect all CHP commands' evidence rooms. The areas of weakness are contained in Enclosure 3.

State Administrative Manual Section 8652 requires Departments to conduct a physical count of all state owned property and reconcile the count with accounting records at least once every three years. The CHP's commands conducted a physical count at least once a year. Additionally, in 2009, the CHP performed statistically valid property inspections of randomly selected commands throughout the state in order to provide independent verification and reasonable assurance to the Office of the Commissioner that CHP inventory records are complete and accurate. Some discrepancies were noted; however, the discrepancies were being resolved within 90 days from the date of the inspection report with few exceptions.

## **CONCLUSION:**

Based on the review of the CHP's command system of internal control, the CHP has determined it has adequate internal controls in place to safeguard state assets.

**EVALUATION OF INTERNAL ACCOUNTING AND  
ADMINISTRATIVE CONTROL SYSTEM  
FROM AUDITS**

**EVALUATION OF RISKS AND CONTROLS:**

**Cash Receipts**

**Issue 1:**                   **Two commands did not always submit Weekly Transmittal Reports (CHP 230) to Fiscal Management Section (FMS) within the required time frame.**

**Corrective Action:**   The commands are ensuring they comply with departmental policy by submitting their CHP 230 forms timely. Commands are required to provide quarterly updates to the Office of Inspections (OISP) on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 2:**                   **Three commands did not always properly complete and maintain all required documents within their CHP 230 files.**

**Corrective Action:**   The commands are ensuring they comply with departmental policy by completing and maintaining all required information (i.e., witness fee deposit; attorney's name, address, phone number; defendant or plaintiff the attorney is representing; subpoenaed employee's name and identification number; court name and number; and a copy of the subpoena with photocopies of the check and counter receipt) within their CHP 230 files. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 3:**                   **A command allowed more than one person access to the transmittal funds.**

**Corrective Action:**   The command is ensuring it complies with departmental policy by localizing accountability of transmittal funds to one employee. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 4:**                   **Three commands did not replenish their petty cash funds when receipts totaled more than \$10; or at a minimum, at least quarterly.**

**Corrective Action:**   The commands are ensuring they comply with departmental policy by preparing and authorizing the Reimbursement of Petty Cash (CHP 264) when receipts totaled more than \$10; or at a minimum, at least quarterly.

Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 5:** **Two commands did not consistently perform unscheduled petty cash account reconciliations quarterly.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by performing petty cash account reviews quarterly. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

### Contracts

**Issue 1:** **Three commands did not always maintain their contract files.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by properly maintaining their contract files. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 2:** **Seven commands did not always maintain all required information such as the Drug Free Workplace Certification (STD. 21), Payee Data Record (STD. 204), and the Small Business Certification for their emergency service (X-number) contract files.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by maintaining required X-number contract files. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 3:** **Three commands obtained services prior to the approval of the nonemergency contracts and X-number contracts.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by obtaining final approval prior to the start date of their nonemergency contracts and X-number contracts before obtaining services. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

### Evidence

**Issue 1:** **A command did not properly process evidence documents within the required time frame such as a court officer not providing adjudicated court records to the command's evidence office in a timely manner.**

**Corrective Action:** The command is ensuring it complies with departmental policy by allowing the court officer to forward the adjudicated court records to the command's evidence officer within two days of receipt. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 2:** **A command did not identify a storage location for flammable/explosive evidence items.**

**Corrective Action:** The command is ensuring it complies with departmental policy by possibly reconfiguring a section in one of the locked containers located on the premises in order to utilize if needed. Arrangements for the storage of flammable and explosive items were made with a local fire department, and bomb squad, or in a storage room separate from the evidence storage facility. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 3:** **A command did not properly update and maintain its evidence data base.**

**Corrective Action:** The command is ensuring it complies with departmental policy by properly updating and maintaining its evidence database. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 4:** **A command's disposal of an evidence item (gun) was not in compliance with departmental policy and it did not maintain a control log for the weapon's disposal.**

**Corrective Action:** The command is ensuring it complies with departmental policy by disposing evidence (gun) timely and maintaining a control log for weapon disposal. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

### **Purchasing**

**Issue 1:** **Six commands did not always update and maintain their memorandums designating staff authorized to approve Purchase Requisitions (CHP 43).**

**Corrective Action:** The commands are ensuring they comply with departmental policy by designating personnel authorized to sign CHP 43. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 2:** Four commands did not always maintain all of their purchase order files.

**Corrective Action:** The commands are ensuring they comply with departmental policy by maintaining all of their purchase order files. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Reimbursable Services, Driving Under the Influence (DUI) Cost Recovery Program**

**Issue 1:** Five commands did not always ensure the accuracy of their DUI Cost Recovery Program documents.

**Corrective Action:** The commands are ensuring they comply with departmental policy by ensuring the accuracy of their DUI Cost Recovery Program documents as well as verifying the number of staff hours claimed on the Incident Response Reimbursement Claim (CHP 735) with the Daily Field Record (CHP 415) to substantiate the hours billed. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 2:** A command did not always submit DUI Cost Recovery billing packages (CHP 735) timely to FMS.

**Corrective Action:** The command is ensuring it complies with departmental policy by submitting DUI Cost Recovery billing packages to FMS within 10 business days of the date blood alcohol concentration results were received. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Reimbursable Services, Wide Load Services**

**Issue 1:** A command provided Wide Load Escort reimbursable services without obtaining advance payment from vendors prior to providing services.

**Corrective Action:** The command is ensuring it complies with departmental policy by providing services after obtaining advance payment from vendors. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 2:** A command did not always submit its Wide Load Escort reimbursable services billing packages to FMS in a timely manner.

**Corrective Action:** The command is ensuring it complies with departmental policy by submitting their Wide Load Escort reimbursable services billing packages to FMS timely. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 3:** **A command did not always maintain complete or accurate Wide Load Escort reimbursable services files.**

**Corrective Action:** The command is ensuring it complies with departmental policy by maintaining complete or accurate their Wide Load Escort reimbursable services files. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

### **Asset Forfeiture**

**Issue 1:** **Two commands did not provide Asset Forfeiture Training to affected personnel at least once a year.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by providing Asset Forfeiture Training to affected personnel at least once a year. Commands are required to provide quarterly updates to the Office of Inspections on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 2:** **A command did not prepare quarterly Asset Forfeiture reports and did not submit them to their respective Division.**

**Corrective Action:** The command is ensuring it complies with departmental policy by preparing quarterly status reports and by submitting them to their respective Division. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 3:** **A command did not properly review or authorize the Asset Forfeiture Log.**

**Corrective Action:** The command is ensuring it complies with departmental policy by reviewing and authorizing the Asset Forfeiture Log. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 4:** **A command did not always forward Asset Forfeiture case file documents timely to their respective Division.**



**Corrective Action:** The command is ensuring it complies with departmental policy by submitting their Asset Forfeiture case file documents timely to the respective Division. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Fleet Operations**

**Issue 1:** **A command did not always consistently perform a 5,000-mile inspection of each vehicle according to policy.**

**Corrective Action:** The command is ensuring it complies with departmental policy by performing at a minimum, a 5,000-mile inspection of each vehicle according to policy. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 2:** **A command supervisor/commander did not review or sign the Automotive Delegation Control Log (CHP 316A) forms.**

**Corrective Action:** The command is ensuring it complies with departmental policy by having the command supervisor/commander review and sign the CHP 316A forms. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 3:** **A command did not perform a regular inspection to locate any leaks in the gasoline dispenser, the water and air wells, and the paved areas adjacent to the service station.**

**Corrective Action:** The command is ensuring it complies with departmental policy by performing a regular inspection to locate any leaks in the gasoline dispenser, the water and air wells, and the paved areas adjacent to the service station. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 4:** **A command's Emergency Action Plan did not contain a backup plan to obtain a ready source of fuel if its fuel dispenser becomes inoperable.**

**Corrective Action:** The command is ensuring it complies with departmental policy by having it's Emergency Action Plan containing a backup plan to obtain a ready source of fuel if its fuel dispenser becomes inoperable. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 5:** A command's Standard Operating Procedures (SOP) did not include gasoline/fuel safety guidelines.

**Corrective Action:** The command is ensuring it complies with departmental policy by including gasoline/fuel safety guidelines within their SOP. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 6:** A command did not maintain a monthly gasoline summary.

**Corrective Action:** The command is ensuring it complies with departmental policy by maintaining a monthly gasoline summary. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 7:** Four commands did not perform a quarterly physical inventory of all vehicle parts, accessories, and fluids.

**Corrective Action:** The commands are ensuring they comply with departmental policy by designating a person to conduct a quarterly physical inventory. The designee is someone other than the person who receives or dispenses items of inventory such as all vehicle parts, accessories, and fluids. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 8:** A command did not always dispose of the accumulated vehicle junk batteries in a timely manner.

**Corrective Action:** The command is ensuring it complies with departmental policy by implementing measures that ensure no more than five junk batteries are accumulated before being disposed. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 9:** A command did not have adequate controls over its distribution of gasoline.

**Corrective Action:** The command is ensuring it complies with departmental policy by having adequate controls over its distribution of gasoline. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 10:** A command did not always maintain the Driver's Equipment Check (CHP 33) documents for its vehicle fleet.

**Corrective Action:** The command is ensuring it complies with departmental policy by maintaining the CHP 33 documents for its vehicle fleet. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 11:** A command did not have the county perform flow testing of the command's fuel pumps.

**Corrective Action:** The command is ensuring it complies with departmental policy by installing the new tank system and have the county perform flow testing of the fuel pumps. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

**Issue 12:** A command's Vehicle Allocation (CHP 468) packages were not completed or forwarded annually to the Fleet Operations Section (FOS).

**Corrective Action:** The command is ensuring it complies with departmental policy by completing CHP 468 packages with supporting documents and by forwarding the packages to the respective Division by June 1, annually. The Division then forwards their CHP 468 packages to FOS by June 30 of each year. The command is required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiency is resolved.

### **Personnel Records**

**Issue 1:** Two commands did not always review their employees' records annually.

**Corrective Action:** The commands are ensuring they comply with departmental policy by reviewing, updating, and maintaining their employees' records annually. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 2:** Four commands did not always replace employee's photographs with updated photographs every five years within their personnel files.

**Corrective Action:** The commands are ensuring they comply with departmental policy by replacing employees' photographs with updated photographs every five years within their personnel files. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**EVALUATION OF INTERNAL ACCOUNTING AND  
ADMINISTRATIVE CONTROL SYSTEM  
FROM INSPECTIONS**

**EVALUATION OF RISKS AND CONTROLS:**

**Evidence**

**Issue 1:** **Several commands did not always purge their evidence items (e.g., unclaimed property, unclaimed monies) in a timely manner.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by designating special duty evidence officers to purge evidence items on a weekly basis. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 2:** **Several commands did not always purge their firearms for destruction in a timely manner.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by setting up a suspense system to prompt purge firearms on a quarterly basis. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 3:** **Several commands did not always properly package or store their evidence items (e.g., controlled substances). The evidence items that are not properly packaged can cause serious health threats.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by training personnel responsible for evidence storage how to package evidence items properly. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 4:** **Several commands did not always properly complete, update, and maintain accurate their evidence Area Information System (AIS) Logs evidence records.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by providing proper evidence training to personnel responsible for evidence storage (uniformed and non-uniformed) including how to properly complete, update and maintain AIS Logs as well as purging or archiving closed case files beyond the five year retention period. Commands are

required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 5:** **Several commands did not always properly provide proper evidence training to personnel responsible for evidence storage as required by departmental policy.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by providing proper evidence training to personnel involved in handling evidence in order to help them better understand their role in the evidence process. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 6:** **Several commands did not always properly complete evidence information on the Evidence Property Logs (CHP 36B) with the proper authorization.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by recording the net and gross weight of controlled and suspected substances on the CHP 36B forms with the proper authorization by the supervisor. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 7:** **Several commands did not always properly mark and seal their evidence items.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by properly marking (e.g., investigator's initial, identification number, suspect's name [if known,] the date the evidence was collected) and sealing their evidence items. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 8:** **Several commands did not always conduct a quarterly evidence review/inventory.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by setting up a suspense system to ensure a quarterly review/inventory is conducted and each CHP 36 form is authorized by a supervisor. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 9:** **In several commands the evidence officer performed multiple jobs and one of the jobs includes working part time in the field. According**

**to departmental policy, the evidence officer should not be an active field officer or investigator involved in collecting evidence in the field.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by ensuring the evidence officer's assignment is the only special duty position held by the officer. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 10:** **Several commands stored flammable/explosive evidence items in the evidence rooms.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by storing flammable and explosive items at the local fire department, with the local bomb squad or in a storage room separate from the evidence storage facility. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 11:** **In several commands, some evidence items were not available for inspection. The items consisted of cash, computer equipment, guns, magazines, ammo, gas can, vehicles, and marijuana.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by ensuring each case status is accurately tracked, recorded, and updated the AIS Log. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 12:** **Several commands did not always have a system in place to verify if evidence items were destroyed locally or if destroyed at all.**

**Corrective Action:** The commands are ensuring they comply with departmental policy by photographing each evidence item before destruction; the evidence supervisor witness the destruction; and signs the CHP 36 forms. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 13:** **Several commands did not always complete the Medical Waste Tracking Form (CHP 36E).**

**Corrective Action:** The commands are ensuring they comply with departmental policy by completing the CHP 36E forms when transporting biological hazardous waste items for destruction. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 14:** Several commands did not always process evidence timely. Specifically, the evidence items were left in temporary lockers for longer than allowed by policy.

**Corrective Action:** The commands are ensuring they comply with departmental policy by processing evidence after no more than one day after its submittal for processing, excluding weekends and holiday(s) and that they not temporarily store evidence items in an evidence locker, personal locker or unauthorized location. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 15:** Several commands did not always consistently complete the reverse side of the Card Stock (CHP 36C) forms.

**Corrective Action:** The commands are ensuring they comply with departmental policy by completing the reverse side of the CHP 36C forms whenever custody of evidence is transferred to another party (the CHP 36C shall be completed by the transferring employee and signed by the person receiving custody of the evidence). Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 16:** Several commands expressed concern about the use of the bar code scanner.

**Corrective Action:** The commands are ensuring they comply with departmental policy by providing bar code scanner training to personnel responsible for evidence storage so they become more familiar with the bar code scanner device. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

### Reimbursable Services

**Issue 1:** Several commands did not always ensure the accuracy of their DUI Cost Recovery Program documents.

**Corrective Action:** The commands are ensuring they comply with departmental policy by itemizing the accurate staff hours charged on the Incident Response Reimbursement Statement (CHP 735) with the Daily Field Record (CHP 415). Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Grant Management**

**Issue 1:** Several commands did not always properly complete the Price Comparison Worksheet (CHP 315), which could result in excess charges to the CHP.

**Corrective Action:** The commands are ensuring they comply with departmental policy by obtaining at least two price quotes for state purchases and properly completing the CHP 315 forms. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.

**Issue 2:** Several commands did not always properly complete accurate billing memorandums. This could result in inaccurate reconciliation of invoices and contract numbers.

**Corrective Action:** The commands are ensuring they comply with departmental policy by making sure sequential numbers are accounted for when reconciling invoices with the contract numbers. Commands are required to provide quarterly updates to the OISP on the progress of their corrective action plan until the deficiencies are resolved.